



مدرسة المشرق الدولية
Mashrek International School

Mashrek International School Health Care Policy (External)

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This document is to familiarize yourself with the medication dispensing policies and the clinic forms and procedures for the 2020-2021 year. With any questions, please contact the School's Students Affairs Department at studentaffairs@mashrek.edu.jo

General Health

Upon registration, parents should fill the Health Declaration Form (**Appendix 1**). Parents of students with any special cases (allergies, diabetes, epilepsy...) are also advised to send a medical report for any updates of their child's health situation.

Any health condition and medication specified by parents on the medical form are high-lighted and recorded on the student's designated file and entered into the school clinic system.

Annual General and Physical Examination

Physical examination and vision screening are only carried out by the school doctor. Height, weight, and head lice are carried out by the nurse.

Head Lice Checking

- Procedure is done twice a year, at the beginning of the academic year and after the winter break (at the beginning of the second semester).
- Positive cases are documented and followed up.
- Head of Department, one of the homeroom teachers and Student Affairs Department are notified.
- Student Affairs Department is the only authorized Department to inform parents of infected student by phone only. (Home notes are never to be forwarded to infected students.)
- Parents should pick up their infected child after they are notified by the school to prevent the possibility of infecting other students.
- The whole class with infected student/s will be rechecked after 1 week after treatment. If there are still positive cases, follow up is done accordingly.

Vaccination

- Vaccination is only given to Grade 1 students (MMR, OPV, DT) and Grade 10 students (MMR, DT).
- Vaccines are administered only in school by the nurse and under the supervision of the school doctor.

Procedures for Vaccination:

- i. A consent letter is forwarded to the parents and collected on or before the stated deadline date. Letters are then attached on each student's file.
(Appendix 2)
- ii. Students are given home notes on the same day after the vaccination to notify parents. **(Appendix 3)**
- iii. Administered vaccines are recorded on each student file and entered in the school system.

Epidemic Vaccination

- An official epidemic notification is sent by the Ministry of Education.
- School sends a memo to inform parents in both forms hard and soft copies.
- Parents are requested to send the forms in hard copies after choosing whether they agree or disagree, and sign on it.
- In case parents disagree they need to accompany the form with a clear note for the reason as well as taking the responsibility for their decision, and sign on it.
- Vaccines are administered by Health practitioners from the Ministry of Health.

Dental Examination

- i. Dental checkup is carried on by the School Dentist.
- ii. Dental forms are handed out to students after the check up to be forwarded to their parents **(Appendix 4)**. Dental information is also filed in each student's file.

Clinic Daily Procedure

During the first month of the school, KG and Primary students can visit the clinic accompanied by one of their homeroom teachers when needed, afterwards they are given the responsibility to go alone during mild cases. During accidents or severe cases homeroom teacher is to accompany them.

Hyperthermia, Vomiting and Abdominal Pain

- i. Unwell students are checked immediately. If temperature is normal and in good general condition, the student stays in school under observation and follow up. Medication is given according to the case and upon parents' approval. Students with hypersensitivity to any drugs are recorded from the beginning of the academic year and not given any medication if not approved by parents.
- ii. Sick students are sent home or checked by a physician as advised. Parents should come and pick up their child after being informed.

Accidents and Emergency Procedures

- When a student falls and harms his/her back and/or neck, staff members are not allowed to move the student.
- Staff members should clear the area from crowds to facilitate the first aid responders.
- **In Case of Head Injury**
First aid is administered and student will be kept under observation. Hourly monitoring should be done. If there is a suspected possible sign for an Increased Intracranial Pressure (IICP), the student should be transported to the hospital immediately.
- **Suspected Sprain, Strain and Fractures**
First aid is administered and student is kept for observation. If there is any swelling, tenderness, discoloration, limited movement, and severe pain, First Aid and Students Affairs Department should be informed for hospital transportation.

- **Cuts and Open Wounds**

First aid is administered. Dressing and pressure is applied. If there is an active bleeding and needs suturing, the student will be sent to the hospital for further management.

- **Life Threatening Injury**

A medical emergency plan must be followed.

Procedure on Sending Students to the Hospital

- If the student suffered an injury inside the school vicinity or in any school related activity outside the vicinity of the school, they are covered by insurance. However, if the injury happened outside of the school, parents will be only notified to take their child for medical help (not covered by the school's student insurance policy).
- Parents will always have the option of picking their child directly from the school. The Student Affairs Department notifies them to bring the hospital bills to refund their expenses within one week.
- The School is responsible to take students to the hospital in case of an emergency.
- The School will reimburse the parents the medical expenses related to the case given that a medical report from doctor is accompanied by official invoices that are consistent and related to the original nurse report.
- It is the parent's responsibility to provide transportation in case of face or teeth injuries at all times.

Summary of cases where it is the parent's responsibility to transport the student to hospital:

- Facial, eye and teeth injuries/ facial stiches

School Nurse will observe until parents come pick up their child.

Administration of Medication

- i. Students who have allergies to certain drug are documented and entered into the school clinic system.
- ii. The medication to be given is prepared and administered only by the nurse.
- iii. If parents wish the school nurse to administer medication to their child, they must send a written note to school including all the details (name of the medication, dosage, time to be given, expiry date ...etc.)
- iv. For students who have daily medication, medication is only submitted by the nurse. Parents need to fill and sign the Administration of Medication Request form ([Appendix 7](#)), label the medication and deliver it to the Students Affairs Department which will in turn send it to the clinic.
- v. For KG and Primary students, parents are asked for approval in case of a high fever, if the nurse can give Ibuprofen Syrup before they come and get their child.
- vi. Routes of administration of medication applied in the clinic are as follows:
 - Orally (by mouth)
 - Locally (applied directly on the skin). Only applicable for Diabetic students.
 - Inhalation. Only applicable if each student provide his/her own inhalers.
 - Rectally (suppositories). Only applicable for infants (staff children).

Note: Expiration dates of school medicines are all recorded in the system. The clinic receives an alarm in the system whenever a medicine is expired.

Students Sickness

A child who is sick will not be able to perform well in school and is likely to spread the illness to other children and staff. Therefore, a student should not come to school if he/she has:

- Fever (38 or higher) in the past 24 hours without the use of fever reducing agent
- Vomiting in the past 24 hours
- Diarrhea in the past 24 hours
- Sore throat
- Bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night.

Parents should provide the school with a medical report if a student is absent for 3 or more consecutive days.

Trips

If a student with a diagnosed disease has a field trip, a consent form should be filled and signed by parents stating they will take full responsibility of their child's state during the trip ([Appendix 8](#)).

If the School Nurse believes the student should not go on the trip then her decision is final and the School Head and Student Affairs Department are informed.

Medical Records

- 1- Every student has a file and documentation of the student's general health and disease history are recorded and kept confidential.
- 2- If a student has graduated or asks to be transferred to a different school, his/ her file will be forwarded to the Student Affairs Department and will be given to the parents along with other records.
- 3- Medical endorsements are done between the nurses in the primary and middle/senior school, but not with the KG nurse.
- 4- During school activities, school nurses endorse their cases to the nurse responsible for the after school activities.

Educating the Students

School Clinic provide health education to students and homeroom teachers, in terms of; healthy meals, healthy habits –washing hands-, how to reduce accidents and body injury.

Informing Parents of School Incidents

Nurses fill in a form when a student visits the clinic for any reason, this form will be sent with the student to be checked by the parents when the student leaves the school. Nevertheless, nurses record the incident on a copybook to be later uploaded to the school clinic system.

During moderate and severe cases, head of school is informed and accordingly parents will be called by the Administrative Assistant at the KG and by Student Affairs Department for Primary, Middle and Senior School (after the head of school clarifies from the student the reason of the injury).

First Aid Kits

Each bus is provided with a First Aid Kit which is checked twice every semester by the school nurse.

Automated External Defibrillator

An AED is available in case of a life-threatening cardiac problem is identified.



HEALTH DECLARATION

1-Name: -----	2-Date of birth: -----
3- Place of birth: -----	4-Class: -----
5- Home address and tel numbers ----- -----	Emergency contact (Name and telephone number): ----- ----- Email Address: -----
6-Blood Group of your child -----	

7- Does your child suffer from any of the following conditions?

Medical Condition	Yes	No
Asthma	-----	-----
Diabetes	-----	-----
Epilepsy	-----	-----
Hay Fever	-----	-----
Tuberculosis	-----	-----
Eczema	-----	-----
Allergies (If yes, what kind of allergies)	-----	-----
Other	-----	-----

If your child does suffer one of the above conditions, or any others, please list what kind of medication he/she requires.

8- Do you have any objection to the school doctor examining your child? _____

9- Do you have any objection to the school giving your child medication when necessary? _____

10- Do you have any objection to the school sending your child by the school's bus or ambulance when necessary in the case the school was not able to reach you to obtain your approval? _____

9- Did your child have any of the following illness?

Disease	Yes	No	Year
---------	-----	----	------

Measles	-----	-----	-----
Mumps	-----	-----	-----
German Measles	-----	-----	-----
Chicken Pox	-----	-----	-----
Hepatitis	-----	-----	-----
Whooping Cough	-----	-----	-----
Others	-----	-----	-----

10- Does your child have any visual or hearing difficulties? Does your child wear glasses? -----

11- Has your child ever been hospitalized or done any surgeries? -----
If so, please describe -----

12- Does your child have any behavioural, social, physical, or learning difficulties? -----
If so, please describe -----

13- Has your child taken all necessary vaccinations: Yes No

14-Any other medical information you would like us to know about your child:

15- The School is responsible to take students to the hospital in case of an emergency. Parent will always have the option of picking their child directly from the school. It is the parent's responsibility to provide transportation in case of face or teeth injuries at all times. The School will reimburse the parents the medical expenses related to the case if they transport their child to the hospital, given that a medical report from a doctor is accompanied by official invoices that are consistent and related to the original nurse report.

If your child is taking a prescribed course of tablets or medicine and has to take it during school hours, it is necessary that you fill and sign the **Administration of Medication Request** form, label the medication and deliver it to the Students Affairs Department which will in turn send it to the clinic. **Medicine is not to be kept with children.**

I, parent/guardian of confirm that the information given on this form is correct to the best of my knowledge and take full responsibility of the information declared on this form.

Signature: -----

Date: -----

بيان صحي

1- الاسم:	2- تاريخ الميلاد:
3- مكان الولادة:	4- الصف:
5- عنوان وهاتف المنزل:	رقم اتصال للطوارئ (الاسم ورقم الهاتف):
.....
.....	البريد الالكتروني:
6- زمرة دم الطالب:	

7- هل يعاني الطالب من أي من الأمراض التالية؟

الحالة الصحية	نعم	لا
الربو
مرض السكري
داء الصرع
حمى
مرض السل
الأكزيما
حساسية (نوع الحساسية)
أخرى

إذا كان الطالب يعاني من أي من الأمراض المذكورة اعلاه أو غيرها، الرجاء كتابة الدواء الذي يحتاجه.

.....

.....

.....

8- هل لديك أي مانع أن تقوم المدرسة بفحص ابنكم/ابنتكم؟

.....

9- هل لديك أي مانع أن تقوم المدرسة بإعطاء ابنكم/ابنتكم الدواء عند الحاجة أو الضرورة؟

.....

10- هل لديك أي مانع أن تقوم المدرسة بإرسال ابنكم/ابنتكم الى المستشفى عن طريق باص المدرسة أو استدعاء اسعاف في حال استدعى الامر الى ذلك؟

.....

9- هل تعرض الطالب لأي من الأمراض التالية؟

المرض	نعم	لا	السنة
الحصبة	-----	-----	-----
النكاف	-----	-----	-----
الحصبة الألمانية	-----	-----	-----
جدري	-----	-----	-----
التهاب الكبد	-----	-----	-----
سعال ديكلي	-----	-----	-----
أخرى	-----	-----	-----

10- هل يعاني الطالب من أي مشاكل بصرية أو سمعية؟ هل يستعمل الطالب نظارة طبية؟

11- هل تم ادخال الطالب الى المستشفى سابقا او أجرى اي عملية؟
إذا كانت الاجابة نعم، الرجاء التفصيل

12- هل يعاني الطالب من أي مشكلة سلوكية، اجتماعية، جسمانية أو صعوبات تعلم؟
إذا كانت الاجابة نعم، الرجاء التفصيل

13- تابعت الاسرة جميع التطعيمات الضرورية: نعم لا

14- هل هناك أي معلومات صحية تخص الطالب ترغب في ذكرها:

15- المدرسة مسؤولة عن اصطحاب الطلاب الى المستشفى في حالة الطوارئ، يحق دائما للأهل اصطحاب الطالب مباشرة من المدرسة. كما أنها مسؤولة الأهل دائما بنقل الطالب الى المستشفى في حال إصابة الوجه أو الأسنان. ستقوم المدرسة بتعويض الأهل بالمبلغ المدفوع المتعلق بالحالة في حال اصطحاب الأهل للطلاب الى المستشفى، عند تقديم تقرير طبي يتوافق مع تقرير ممرضة المدرسة بالإضافة الى الفواتير.

إذا كان الطالب يأخذ دواء بشكل منتظم وعليه أن يتناوله خلال فترة الدوام، على الأهل في هذه الحالة تعبئة نموذج "طلب اعطاء دواء"، وضع اسم الدواء واسم الطالب على الدواء، تسليم الدواء والنموذج لقسم شؤون الطلبة الذي بدوره سيسلمه للعيادة. يمنع احتفاظ الطلاب بالدواء.

أنا ----- والد/الدة الطالب/ة ----- وأؤكد صحة المعلومات المذكورة أعلاه ومسؤول مسؤولية كاملة عن هذه المعلومات.

التوقيع: ----- التاريخ: -----

التاريخ:
الرقم: 45/أب/93202

أهالي طلبة الصف الأول الإبتدائي الكرام،
تحية واحتراماً،

استناداً لكتاب وزارة الصحة، وانسجاماً مع أهدافها للسيطرة والتخلص من الأمراض التي يطعم لها، سيقوم طبيب المدرسة بتطعيم طلاب الصف الأول الأساسي بمدرسنا للمطاعيم التالية:

أرجو التكرم بتعبئة النموذج سواء بالموافقة أو عدمها بعد إستشارة طبيب الأطفال وإعادة النموذج مع الطالب في موعد أقصاه يوم الأحد

اسم الطالب : _____ الصف الأول : _____

1. مطعوم ثنائي الكبار DT. لا أوافق على تطعيم ابني/ ابنتي أوافق على تطعيم ابني/ ابنتي

2. مطعوم الشلل الفموي OPV. لا أوافق على تطعيم ابني/ ابنتي أوافق على تطعيم ابني/ ابنتي

3. مطعوم الثلاثي الفيروسي MMR. أوافق على تطعيم ابني/ ابنتي لا أوافق على تطعيم ابني/ ابنتي

التاريخ: _____

التوقيع: _____

مديرة المدرسة

ممرضة المدرسة للمرحلة الابتدائية

Date:
Ref: 93202/P/45

Dear Grade One Parents,

Kindly note that upon request from the Ministry of Health, the students will be vaccinated with the OPV (polio) vaccine, DT (Diphtheria Tetanus) vaccine and MMR (Measles, Mumps, Rubella-German) vaccine by the School Doctor.

Check with your pediatrician and return this form as soon as possible.

Deadline for returning this form is on

Student's Name: _____ Grade One : _____

1. OPV (Polio) vaccine.

I agree

I don't agree

2. DT vaccine.

I agree

I don't agree

3. MMR vaccine.

I agree

I don't agree

Parent / Guardian's Signature: _____

Date: _____

**School Nurse
(Elementary Department)**

School Principal

التاريخ:
الرقم: 45/أب/93202

أهالي طلبة الصف العاشر الكرام،
تحية واحتراماً،

استناداً لكتاب وزارة الصحة، وانسجاماً مع أهدافها للسيطرة والتخلص من الأمراض التي يطعم لها، سيقوم طبيب المدرسة بتطعيم طلاب الصف العاشر بمدرسنا للمطاعيم التالية:

أرجو التكرم بتعبئة النموذج سواء بالموافقة أو عدمها بعد إستشارة طبيب العائلة وإعادة النموذج مع الطالب في موعد أقصاه يوم

اسم الطالب : _____ الصف العاشر : _____

1. مطعوم ثنائي الكبار DT. لا أوافق على تطعيم ابني/ ابنتي أوافق على تطعيم ابني/ ابنتي

2. مطعوم الثلاثي الفيروسي MMR. أوافق على تطعيم ابني/ ابنتي لا أوافق على تطعيم ابني/ ابنتي

التوقيع: _____ التاريخ: _____

مديرة المدرسة

ممرضة المدرسة للمرحلة الثانوية

Date:
Ref: 93202/P/45

Dear Grade One Parents,

Kindly note that upon request from the Ministry of Health, the students will be vaccinated with the OPV (polio) vaccine, DT (Diphtheria Tetanus) vaccine and MMR (Measles, Mumps, Rubella-German) vaccine by the School Doctor.

Check with your pediatrician and return this form as soon as possible.

Deadline for returning this form is on

Student's Name: _____ Grade One : _____

1. OPV (Polio) vaccine.

I agree

I don't agree

2. MMR vaccine.

I agree

I don't agree

Parent / Guardian's Signature: _____

Date: _____

School Nurse
(Senior Department)

School Principal

Appendix 3 (English)



Dear Parents/Guardian,

Please be informed that ----- of Grade ----- has received the following vaccination/s today (Date) ----- . Please monitor your child for temperature and pain on the injection site.

- OPV (Oral Polio Vaccine)
Nurse's signature -----
- DT (Diphtheria Tetanus Vaccine)
Nurse's Signature -----
- MMR (Measles. Mumps, Rubella Vaccines)
Nurse's Signature -----

Primary School Nurse

Appendix 3 (Arabic)



الأهالي الأعزاء،

أرجو العلم أنه تم اعطاء الطالب/ة ----- في الصف ----- في تاريخ -----
- المطعم/المطاعم المذكورة أدناه. الرجاء مراقبة حرارة ابنكم/ابنتكم أو أي ألم في مكان التطعيم.

مطعم ثلل الأطفال

توقيع الممرضة -----

مطعم الدفتيريا والتيتانوس

توقيع الممرضة -----

مطعم الثلاثي الفيروسي(الحصبة، النكاف، الحصبة الالمانية)

توقيع الممرضة -----

ممرضة المرحلة الابتدائية

Appendix 4

Dr.Kawthar Abbasi
Dental Surgery
Tel: 06/5866443 – 0797482535
Date: -----

الدكتورة كوثر عباسي
طب وجراحة الفم والأسنان
ت: 079/7482535 – 06/5866443
التاريخ: -----

لقد فحصنا الطالب/ الطالبة : في الصف:

وكانت نتيجة الفحص ما يلي:

التهاب اللثة وانسجة الفم Gingivitis / Periodontitis	اسنان دائمة مفقودة Missing Permanent Teeth		
تكلس الرواسب Dental Calculus	كسور اسنان امامية Anterior Dental Fractures		
تسوس في الاسنان اللبنية التالية Dental Caries	نفلور Flurosis		
تسوس في الاسنان الدائمة التالية Dental Caries	اسنان لبنية محشية Filled Primary Teeth		
سوء اطباق بحاجة لاستشارة تقويم Malocclusion	اسنان دائمة محشية Filled Permanent Teeth		
اسنان لبنية مفقودة Missing Primary Teeth	اورام و امراض اخرى Swellings and others		

ملاحظات

.....

.....

.....

.....

Appendix 7 (English)



Administration of Medication Request

I, -----, parent/guardian of ----- would like to ask the school nurse to administer the following medicine to my child ----- Grade ----- as per the following details:

- Name of the Medicine -----
- Dosage -----
- Time of Administration -----
- Medicine Expiry Date -----

Parent's Signature: -----

Date: -----

Nurse's Signature: -----

Date: -----

Note: Valid doctor prescription that matches the above information must be verified and attached to this form.

طلب اعطاء دواء

أنا، _____ والد/والدة الطالب/ة _____ أود أن تقوم ممرضة
المدرسة باعطاء الدواء التالي لابني/ابنتي _____ في الصف _____ كما
هو مفصل أدناه:

اسم الدواء: _____

الجرعة: _____

وقت اعطاء الدواء: _____

تاريخ انتهاء الدواء: _____

التاريخ: _____

توقيع الأهل: _____

التاريخ: _____

توقيع ممرضة المدرسة: _____

ملاحظة: الرجاء ارفاق وصفة طبية موافقة للمعلومات المذكورة أعلاه.



Field Trip Consent Form

I ----- the parent/guardian of ----- Grade -----

take full responsibility of my child by allowing my child to go on the school field trip to

----- on ----- for ----- hours.

(Place)

(Date)

(No.)

Signature: -----

Date: -----

نموذج موافقة للذهاب في رحلة ميدانية

أنا، ----- والد/والدة ----- في الصف -----

أتحمل كامل المسؤولية في ذهاب ابني/ابنتي في رحلة المدرسة الميدانية الى ----- في

تاريخ ----- لمدة ----- ساعات.

التوقيع: ----- التاريخ: -----